Training Registration and Liability Release

Please complete form and return to:

DOGS HAPPEN!, LLC.

dogshappen@gmail.com

Which class are you interested in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name/Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dog’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog’s Birthday/Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_Sex: \_\_\_\_\_\_\_\_\_\_\_\_ Spayed/Neutered**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Veterinarian, Name and Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vets Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dogs must be current on vaccines or under Veterinarian care. We require proof of current vaccinations or a letter from your veterinarian at or before the first class.

Is your dog current on all Vaccines?

\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

Do you have any other pets? If yes, please list. \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

Is your dog housetrained? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

Is your dog crate trained? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

Does your dog interact well with people? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

If no, please explain.

Does your dog interact well with other dogs? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

If no, please explain.

Can you take toys and/or food from your dog? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

If no, please explain.

Has your dog ever bitten a human? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

If yes, please explain.

Has your dog ever bitten another dog? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

If yes, please explain.

Please share what you like about your dog.

Please share what you don't like about your dog and/or would like to change.

What are your goals for your dog?

Have you had behavioral issues with your dog? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

If yes, how did you address them and were you successful?

Do you have any specific issues with your dog you would like to address?

Is your dog on any medications? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

If yes, please list.

Do you or your dog have a medical condition we should be aware of?

If yes, please explain and let us know how we can better serve you

and your dog. \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

Do you or your dog have any severe allergies (nuts, dyes, cleaning

agents, latex, etc.) we should be aware of? If yes, please list and

explain restrictions. yes \_\_\_\_\_\_\_\_ no \_\_\_\_\_\_\_\_

If Yes please explain.

***DOGS HAPPEN! LLC***

Liability Release

I understand that attendance at a private or a group dog training class, event, and/or function is not without risk to myself, to anyone who may attend with me and to my dog(s), since there may be situations and dog(s) to which I will be exposed that may be difficult to control and may be the cause of injury to persons or dogs, even when handled with the greatest amount of care and precaution.

I assume full responsibility for myself, my dog(s), and for anyone attending with me. I further agree to hold Dogs Happen!, LLC., (DH) its agents, volunteers, employees, facility/property owners, and management faultless for any illness, injury, or loss that may occur to myself, to my dog(s), and to anyone attending with me.

I, the owner of the dog described above, hereby agree to secure a proper collar and leash as directed by DH, and to wear proper clothing and shoes to permit effective training of my dog. I agree to provide proof of vaccinations as requested and understand my dog may not be admitted to class and/or a private session will not occur without such proof. I pledge to abide by the statements in this waiver and will ensure the same of my companions.

I understand that the degree to which a dog is successfully trained is a function of the interest, commitment, and cooperation of the owner/handler. I acknowledge and agree that there is no guarantee of what my dog will achieve in training based on the instruction given, but that I as the owner/handler of my dog(s) am responsible for teaching and training my dog(s).

Further, I hereby grant to the DH, their representatives, agents, and assigns, all rights and permissions to use or appropriate my and the dog’s name, biography, likeness, photograph, voice, performing persona, or other indicia or identity for broadcast, telecast, cablecast, transmission, or distribution in any format or media now known or hereafter to become known. I hereby release the DH and its employees, directors, volunteers, successors, representatives, and assigns from any claim or cause of action for invasion of the rights of privacy, right of personality, or any similar right.

By signing this registration and liability release, I acknowledge that I have read the Liability Release and agree to its terms. I also acknowledge that all information is complete and accurate to the best of my knowledge.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_